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Docket No. SYB/0099.01

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**TRANSMITTAL
FORM**

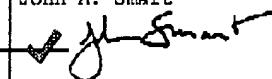
(to be used for all correspondence after initial filing)

		Application Number	10/709,301
		Filing Date	April 27, 2004
		First Named Inventor	Parrar
		Art Unit	2168
		Examiner Name	Gortayo, Dangelino N
Total Number of Pages In This Submission	18	Attorney Docket Number	SYB/0099.01

ENCLOSURES (Check all that apply)

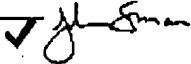
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	FEE DETERMINATION RECORD	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John A. Smart	Digitally signed by John A. Smart Date: 2006-10-26 14:31:02 -04'00'
Signature		
Date	October 26, 2006	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	John A. Smart	Phone: (404) 884 1507
Signature		Fax: (815) 572 8299
Date	10/26/2006	

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